

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>                                                                                                             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00488486         </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                                                                                              |

|                                                                                                                                                  |             |                                                                                                        |                                                                                                                                                                                                                                            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Tell That Story</b>                                                                                                     |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 05 / 2016</div> </div>                                                                               |  |  |
| Mailing Address 2120 Huntington Drive, Suite B                                                                                                   |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">2678.40</div>                                                                                                                                             |  |  |
| City<br>South Pasadena                                                                                                                           | State<br>CA | Zip Code<br>91030                                                                                      | <b>Transaction ID : D33493</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 04 / 2016</div> </div>                                                    |  |  |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg.                                                                                       |             | Category/<br>Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> |                                                                                                                                                                                                                                            |  |  |
| Name of Federal Candidate<br>Nolan, Richard, M, ,                                                                                                |             |                                                                                                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House    District: 08<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: MN |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">42008.00</div> |             |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                                                                                          |  |  |

|                                                                                                                                                  |             |                                                                                                        |                                                                                                                                                                                                                                            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Tell That Story</b>                                                                                                     |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 05 / 2016</div> </div>                                                                               |  |  |
| Mailing Address 2120 Huntington Drive, Suite B                                                                                                   |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">2280.45</div>                                                                                                                                             |  |  |
| City<br>South Pasadena                                                                                                                           | State<br>CA | Zip Code<br>91030                                                                                      | <b>Transaction ID : D33494</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 04 / 2016</div> </div>                                                    |  |  |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg.                                                                                       |             | Category/<br>Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> |                                                                                                                                                                                                                                            |  |  |
| Name of Federal Candidate<br>CRAIG, ANGELA, , ,                                                                                                  |             |                                                                                                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House    District: 02<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: MN |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">11041.03</div> |             |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                                                                                          |  |  |

|                                                                    |                                                                                      |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;">4958.85</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>       |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 06 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 7  
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|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>              |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00488486                                              |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                            |             |                                                                                |                                                                                                                                                                 |  |  |
|------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Tell That Story</b>               |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b>                                                                            |  |  |
| Mailing Address 2120 Huntington Drive, Suite B             |             |                                                                                | Amount<br><b>3117.53</b>                                                                                                                                        |  |  |
| City<br>South Pasadena                                     | State<br>CA | Zip Code<br>91030                                                              | Transaction ID : <b>D33495</b>                                                                                                                                  |  |  |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg. |             | Category/<br>Type <b>004</b>                                                   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                   |  |  |
| Name of Federal Candidate<br>Ross, Deborah, , ,            |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought    |             | <b>133898.62</b>                                                               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |  |  |

|                                                            |             |                                                                                |                                                                                                                                                                     |  |  |
|------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Tell That Story</b>               |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b>                                                                                |  |  |
| Mailing Address 2120 Huntington Drive, Suite B             |             |                                                                                | Amount<br><b>1376.00</b>                                                                                                                                            |  |  |
| City<br>South Pasadena                                     | State<br>CA | Zip Code<br>91030                                                              | Transaction ID : <b>D33496</b>                                                                                                                                      |  |  |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg. |             | Category/<br>Type <b>004</b>                                                   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                       |  |  |
| Name of Federal Candidate<br>Kander, Jason, , ,            |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought    |             | <b>55746.46</b>                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____             |  |  |

|                                                           |                |
|-----------------------------------------------------------|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | <b>4493.53</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ |                |
| (c) TOTAL Independent Expenditures.....▶                  |                |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 06 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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|                                                                                                                                                                                                    |  |                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>                                                                                                             |  | <b>FEC IDENTIFICATION NUMBER ▼</b>                                                                                 |  |
|                                                                                                                                                                                                    |  | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00488486         </div> |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |                                                                                                                    |  |

|                                                                                                                                                         |             |                                                                                                             |                                                                                                                                                                                                                                                                                                                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Tell That Story</b>                                                                                                            |             |                                                                                                             | Date of Public Distribution/Dissemination                                                                                                                                                                                                                                                                                            |  |  |
| Mailing Address 2120 Huntington Drive, Suite B                                                                                                          |             |                                                                                                             | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>                                                                         |  |  |
| City<br>South Pasadena                                                                                                                                  | State<br>CA | Zip Code<br>91030                                                                                           | Amount<br><div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">4684.35</div>                                                                                                                                                                                                                              |  |  |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg.                                                                                              |             | Category/<br>Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div> | <b>Transaction ID : D33497</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> |  |  |
| Name of Federal Candidate<br>CORTEZ MASTO, CATHERINE, , ,                                                                                               |             |                                                                                                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>                                                                                                                                                                      |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">100952.82</div> |             |                                                                                                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ► _____                                                                                                                                                                              |  |  |

|                                                                                                                                                        |             |                                                                                                             |                                                                                                                                                                                                                                                                                                                                      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Tell That Story</b>                                                                                                           |             |                                                                                                             | Date of Public Distribution/Dissemination                                                                                                                                                                                                                                                                                            |  |  |
| Mailing Address 2120 Huntington Drive, Suite B                                                                                                         |             |                                                                                                             | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>                                                                         |  |  |
| City<br>South Pasadena                                                                                                                                 | State<br>CA | Zip Code<br>91030                                                                                           | Amount<br><div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">6963.15</div>                                                                                                                                                                                                                              |  |  |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg.                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div> | <b>Transaction ID : D33498</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> |  |  |
| Name of Federal Candidate<br>Kirkpatrick, Ann, , ,                                                                                                     |             |                                                                                                             | Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>                                                                                                                                                                  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">39931.71</div> |             |                                                                                                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ► _____                                                                                                                                                                              |  |  |

|                                                                    |                                                                                                |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►    | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">11647.50</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ► | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ►                   | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 7  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>                                                                                                             |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00488486 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|                                                            |             |                                                                                      |                                                                                                                                                                           |
|------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Tell That Story</b>               |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b> |                                                                                                                                                                           |
| Mailing Address 2120 Huntington Drive, Suite B             |             | Amount<br><b>2467.80</b>                                                             |                                                                                                                                                                           |
| City<br>South Pasadena                                     | State<br>CA | Zip Code<br>91030                                                                    | Transaction ID : <b>D33499</b>                                                                                                                                            |
| Purpose of Expenditure<br>Direct Voter Contact - Text Msg. |             | Category/<br>Type <b>004</b>                                                         | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                             |
| Name of Federal Candidate<br>Carroll, Morgan, , ,          |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought    |             | <b>34072.05</b>                                                                      | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                         |

|                                                                  |             |                                                                                      |                                                                                                                                                                           |
|------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Hustle, Inc.</b>                        |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b> |                                                                                                                                                                           |
| Mailing Address 251 Kearny Street, Suite 300                     |             | Amount<br><b>240.12</b>                                                              |                                                                                                                                                                           |
| City<br>San Francisco                                            | State<br>CA | Zip Code<br>94108                                                                    | Transaction ID : <b>D33501</b>                                                                                                                                            |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg. |             | Category/<br>Type <b>004</b>                                                         | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                             |
| Name of Federal Candidate<br>Nolan, Richard, M, ,                |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought          |             | <b>42008.00</b>                                                                      | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                         |

|                                                            |                |
|------------------------------------------------------------|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>2707.92</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                |
| (c) TOTAL Independent Expenditures.....▶                   |                |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 06 / 2016**

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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|                                                                                                     |  |                                                                                                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>              |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00488486                                                                                                                                                                          |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |  |

|                                                                  |             |                       |                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------|-------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Hustle, Inc.</b>                        |             |                       | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                       |  |  |
| Mailing Address 251 Kearny Street, Suite 300                     |             |                       | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">204.45</div>                                                                               |  |  |
| City<br>San Francisco                                            | State<br>CA | Zip Code<br>94108     | Transaction ID : D33503                                                                                                                                                                        |  |  |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg. |             | Category/<br>Type 004 | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                              |  |  |
| Name of Federal Candidate<br>CRAIG, ANGELA, , ,                  |             |                       | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: MN |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought          |             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶                                              |  |  |

|                                                                  |             |                       |                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------|-------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Hustle, Inc.</b>                        |             |                       | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                       |  |  |
| Mailing Address 251 Kearny Street, Suite 300                     |             |                       | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">279.49</div>                                                                               |  |  |
| City<br>San Francisco                                            | State<br>CA | Zip Code<br>94108     | Transaction ID : D33504                                                                                                                                                                        |  |  |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg. |             | Category/<br>Type 004 | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                              |  |  |
| Name of Federal Candidate<br>Ross, Deborah, , ,                  |             |                       | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: NC State: NC |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought          |             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶                                              |  |  |

|                                                             |                                                                                         |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">483.94</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |
| (c) TOTAL Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

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Signature

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**(Schedule E)**PAGE 6 OF 7  
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|                                                                                                     |  |                                                                                                |
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| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>              |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00488486                                              |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

|                                                                            |                    |                                                                                                                                                   |                                                                                                                                                                     |
|----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Hustle, Inc.</b>                                  |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b>                                                              |                                                                                                                                                                     |
| Mailing Address <b>251 Kearny Street, Suite 300</b>                        |                    | Amount<br><b>123.35</b>                                                                                                                           |                                                                                                                                                                     |
| City<br><b>San Francisco</b>                                               | State<br><b>CA</b> | Zip Code<br><b>94108</b>                                                                                                                          | Transaction ID : <b>D33505</b>                                                                                                                                      |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg.           |                    | Category/Type<br><b>004</b>                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                       |
| Name of Federal Candidate<br><b>Kander, Jason, , ,</b>                     |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>55746.46</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                     |

|                                                                             |                    |                                                                                                                                                   |                                                                                                                                                                 |
|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Hustle, Inc.</b>                                   |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b>                                                              |                                                                                                                                                                 |
| Mailing Address <b>251 Kearny Street, Suite 300</b>                         |                    | Amount<br><b>419.95</b>                                                                                                                           |                                                                                                                                                                 |
| City<br><b>San Francisco</b>                                                | State<br><b>CA</b> | Zip Code<br><b>94108</b>                                                                                                                          | Transaction ID : <b>D33506</b>                                                                                                                                  |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg.            |                    | Category/Type<br><b>004</b>                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                   |
| Name of Federal Candidate<br><b>CORTEZ MASTO, CATHERINE, , ,</b>            |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>100952.82</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                 |

|                                                           |               |
|-----------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | <b>543.30</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                  |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 06 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 7  
FOR SE OF FORM 24/48

|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Communications Workers of America Working Voices</b>              |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00488486                                              |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                                  |                    |                                                                                                                                                   |                                                                                                                                                                     |
|------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Hustle, Inc.</b>                        |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b>                                                              |                                                                                                                                                                     |
| Mailing Address <b>251 Kearny Street, Suite 300</b>              |                    | Amount<br><b>624.25</b>                                                                                                                           |                                                                                                                                                                     |
| City<br><b>San Francisco</b>                                     | State<br><b>CA</b> | Zip Code<br><b>94108</b>                                                                                                                          | Transaction ID : <b>D33507</b>                                                                                                                                      |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg. |                    | Category/<br>Type <b>004</b>                                                                                                                      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                       |
| Name of Federal Candidate<br><b>Kirkpatrick, Ann, , ,</b>        |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought          |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                     |

|                                                                  |                    |                                                                                                                                                   |                                                                                                                                                                     |
|------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Hustle, Inc.</b>                        |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 05 / 2016</b>                                                              |                                                                                                                                                                     |
| Mailing Address <b>251 Kearny Street, Suite 300</b>              |                    | Amount<br><b>221.20</b>                                                                                                                           |                                                                                                                                                                     |
| City<br><b>San Francisco</b>                                     | State<br><b>CA</b> | Zip Code<br><b>94108</b>                                                                                                                          | Transaction ID : <b>D33508</b>                                                                                                                                      |
| Purpose of Expenditure<br>Direct Voter Communication - Text Msg. |                    | Category/<br>Type <b>004</b>                                                                                                                      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2016</b>                                                                                       |
| Name of Federal Candidate<br><b>Carroll, Morgan, , ,</b>         |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CO</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought          |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                     |

|                                                            |                 |
|------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>845.45</b>   |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                 |
| (c) TOTAL Independent Expenditures.....▶                   | <b>25680.49</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 06 / 2016**

Signature